

# ***Kansas Health Advantage Choice (HMO I-SNP)***

**2023**

## ***Formulary Addendum***

***(1Tier)***

Below is a list formulary changes for the benefit year 2023. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2023 downloadable formulary on the ***Kansas Health Advantage Choice*** website.

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**BvD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization,  
QL – Quantity Limit per 30 Days, ST - Step Therapy**

### **2023 FORMULARY CHANGES**

<b>Drug Name</b>	<b>Current Drug Tier</b>	<b>New Drug Tier</b>	<b>Reason For Change</b>	<b>Alternative Drug, Alternative Drug Tier</b>
<b>EFFECTIVE 01/01/2023</b>				
Bupivacaine HCl Inj 0.5%	NF	1	Formulary Enhancement	N/A
Bupivacaine HCl Preservative Free (PF) Inj 0.5%	NF	1	Formulary Enhancement	N/A
Carnitor Solution 1 GM/10ML Oral	NF	1	Formulary Enhancement	N/A
Carnitor TABLET 330 MG Oral	NF	1	Formulary Enhancement	N/A
Caziant TABLET 0.1/0.125/0.15 - 0.025 MG Oral	1	NF	CMS Required Deletion	N/A
Cefazolin Sodium For Inj 2 GM	NF	1	Formulary Enhancement	N/A
Digox Tablet 125 MCG Oral	1	NF	CMS Required Deletion	N/A
Digox Tablet 250 MCG Oral	1	NF	CMS Required Deletion	N/A
Engerix-B Suspension 20 MCG/ML Injection	NF	1 + BvD	Formulary Enhancement	N/A
Lactated Ringer's for Irrigation	NF	1	Formulary Enhancement	N/A
Lindane Shampoo 1 % External	1	NF	CMS Required Deletion	N/A
Na Sulfate-K Sulfate-Mg Sulf Solution 17.5-3.13-1.6 GM/177ML Oral	NF	1	Formulary Enhancement	N/A
Nucala Solution Prefilled Syringe 40 MG/0.4ML Subcutaneous	NF	1 + PA	Formulary Enhancement	N/A

**Formulary ID: 23562, Version 16**

**Last Updated: 11/21/2023**

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**H2392\_FormularyChanges00323\_C**

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Pentacel SUSPENSION RECONSTITUTED Intramuscular	NF	1	Formulary Enhancement	N/A
Priorix Suspension Reconstituted Subcutaneous	NF	1	Formulary Enhancement	N/A
Procalamine Solution 3 % Intravenous	1 + BvD	NF	CMS Required Deletion	N/A
Quadracel Suspension Prefilled Syringe 0.5 ML Intramuscular	NF	1	Formulary Enhancement	N/A
Recombivax HB SUSPENSION 5 MCG/0.5ML INJECTION	NF	1 + BvD	Formulary Enhancement	N/A
Renacidin Sol	NF	1 + BvD	Formulary Enhancement	N/A
Skyrizi Solution Cartridge 360 MG/2.4ML Subcutaneous	NF	1 + PA	Formulary Enhancement	N/A
Tenivac INJECTABLE 5-2 LFU Intramuscular	NF	1 + BvD	Formulary Enhancement	N/A
Ticovac Suspension Prefilled Syringe 1.2 MCG/0.25ML Intramuscular	NF	1	Formulary Enhancement	N/A
Water For Irrigation, Sterile Irrigation Soln	NF	1	Formulary Enhancement	N/A
YF-VAX INJECTABLE Subcutaneous	NF	1	Formulary Enhancement	N/A

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<b>EFFECTIVE 02/01/2023</b>				
Adefovir Dipivoxil Tablet 10 MG Oral	1 + QL 30 + PA	1 + QL 30	Formulary Enhancement	N/A
Baraclude SOLUTION 0.05 MG/ML ORAL	1 + QL 600 + PA	1 + QL 600	Formulary Enhancement	N/A
Calquence Tablet 100 MG Oral	NF	1 + QL 60 + PA	Formulary Enhancement	N/A
Caplyta Capsule 10.5 MG Oral	NF	1	Formulary Enhancement	N/A
Caplyta Capsule 21 MG Oral	NF	1	Formulary Enhancement	N/A
Daliresp Tablet 500 MCG Oral	1	NF	Formulary Update	roflumilast tablet 500 mcg oral, 1
Descovy Tablet 120-15 MG Oral	NF	1	Formulary Enhancement	N/A
Digitek TABLET 125 MCG ORAL	1	NF	CMS Required Deletion	N/A
Enbrel Solution Reconstituted 25 MG Subcutaneous	1 + PA	NF	CMS Required Deletion	N/A
Entecavir Tablet 0.5 MG Oral	1 + QL 30 + PA	1 + QL 30	Formulary Enhancement	N/A
Entecavir Tablet 1 MG Oral	1 + QL 30 + PA	1 + QL 30	Formulary Enhancement	N/A
Fingolimod HCl Capsule 0.5 MG Oral	NF	1 + PA	Formulary Enhancement	N/A

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Furosemide SOLUTION 10 MG/ML INJECTION (4ML SYRINGE)	1	NF	CMS Required Deletion	N/A
Gilenya CAPSULE 0.5 MG ORAL	1 + PA	NF	Formulary Update	fingolimod hcl capsule 0.5 mg oral, 1 + PA
Hyftor Gel 0.2 % External	NF	1 + PA	Formulary Enhancement	N/A
Imbruvica Suspension 70 MG/ML Oral	NF	1 + QL 240 + PA	Formulary Enhancement	N/A
Intron A Solution Reconstituted 18000000 UNIT Injection	1 + PA	NF	CMS Required Deletion	N/A
Jynneos Suspension 0.5 ML Subcutaneous	NF	1	Formulary Enhancement	N/A
Larissia Tablet 0.1-20 MG-MCG Oral	1	NF	CMS Required Deletion	N/A
Lenalidomide Capsule 2.5 MG Oral	NF	1 + PA	Formulary Enhancement	N/A
Lenalidomide Capsule 20 MG Oral	NF	1 + PA	Formulary Enhancement	N/A
Noxafil Packet 300 MG Oral	NF	1 + PA	Formulary Enhancement	N/A
Orkambi Packet 75-94 MG Oral	NF	1 + QL 56/28 + PA	Formulary Enhancement	N/A

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Pentacel Suspension Reconstituted Intramuscular (96-30-68-1-80-2-16-3-64-20 var units)	1	NF	CMS Required Deletion	N/A
Pirfenidone Tablet 534 MG Oral	NF	1 + PA	Formulary Enhancement	N/A
Pred-G SUSPENSION 0.3-1 % OPHTHALMIC	1	NF	CMS Required Deletion	N/A
ProAir HFA Aerosol Solution 108 (90 Base) MCG/ACT Inhalation	1	NF	CMS Required Deletion	N/A
Revlimid Capsule 2.5 MG Oral	1 + PA	NF	Formulary Update	lenalidomide capsule 2.5 mg oral, 1 + PA
Revlimid Capsule 20 MG Oral	1 + PA	NF	Formulary Update	lenalidomide capsule 20 mg oral, 1 + PA
Roflumilast Tablet 500 MCG Oral	NF	1	Formulary Enhancement	N/A
Skyrizi (150 MG Dose) Prefilled Syringe Kit 75 MG/0.83ML Subcutaneous	1 + PA	NF	CMS Required Deletion	N/A
Tazarotene Gel 0.05 % External	NF	1 + PA	Formulary Enhancement	N/A
Tazarotene Gel 0.1 % External	NF	1 + PA	Formulary Enhancement	N/A

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Tazorac Gel 0.05 % External	1 + PA	NF	Formulary Update	tazarotene gel 0.05 % external, 1 + PA
Tazorac Gel 0.1 % External	1 + PA	NF	Formulary Update	tazarotene gel 0.1 % external, 1 + PA
Vemlidy TABLET 25 MG ORAL	1 + PA	1	Formulary Enhancement	N/A
Venlafaxine Besylate ER Tablet Extended Release 24 Hour 112.5 MG Oral	NF	1	Formulary Enhancement	N/A
Zonisade Suspension 100 MG/5ML Oral	NF	1	Formulary Enhancement	N/A
<b>EFFECTIVE 03/01/2023</b>				
Auvelity Tablet Extended Release 45-105 MG Oral	NF	1 + QL 60	Formulary Enhancement	N/A
Daliresp Tablet 250 MCG Oral	1	NF	Formulary Update	roflumilast tablet 250 mcg oral, 1
Gleostine CAPSULE 10 MG ORAL	NF	1 + PA	Formulary Enhancement	N/A
Gleostine CAPSULE 100 MG ORAL	NF	1 + PA	Formulary Enhancement	N/A
Gleostine CAPSULE 40 MG ORAL	NF	1 + PA	Formulary Enhancement	N/A
Intron A Solution Reconstituted 10000000 UNIT Injection	1 + PA	NF	CMS Required Deletion	N/A

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Intron A Solution Reconstituted 50000000 UNIT Injection	1 + PA	NF	CMS Required Deletion	N/A
Menest Tablet 2.5 MG Oral	NF	1	Formulary Enhancement	N/A
Paser PACKET 4 GM ORAL	1	NF	CMS Required Deletion	N/A
Roflumilast Tablet 250 MCG Oral	NF	1	Formulary Enhancement	N/A
Skyrizi Solution Cartridge 180 MG/1.2ML Subcutaneous	NF	1 + PA	Formulary Enhancement	N/A
<b>EFFECTIVE 04/01/2023</b>				
Cefazolin Sol	NF	1	Formulary Enhancement	N/A
Digitek TABLET 250 MCG ORAL	1	NF	CMS Required Deletion	N/A
Esbriet Capsule 267 MG Oral	1 + PA	NF	Formulary Update	pirfenidone capsule 267 mg oral, 1 + PA
Femynor Tablet 0.25-35 MG-MCG Oral	1	NF	CMS Required Deletion	N/A
Heplisav-B Solution Prefilled Syringe 20 MCG/0.5ML Intramuscular	NF	1 + BvD	Formulary Enhancement	N/A
Krazati Tablet 200 MG Oral	NF	1 + PA	Formulary Enhancement	N/A
Leuprolide Acetate Injectable 22.5 MG Intramuscular	NF	1 + PA	Formulary Enhancement	N/A

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Norvir SOLUTION 80 MG/ML ORAL	1	NF	CMS Required Deletion	N/A
Ozempic (0.25 or 0.5 MG/DOSE) Solution Pen-Injector 2 MG/3ML Subcutaneous	NF	1	Formulary Enhancement	N/A
Pirfenidone Capsule 267 MG Oral	NF	1 + PA	Formulary Enhancement	N/A
Sodium Oxybate Solution 500 MG/ML Oral	NF	1 + QL 540 + PA	Formulary Enhancement	N/A
Sunlenca Tablet Therapy Pack 4 x 300 MG Oral	NF	1	Formulary Enhancement	N/A
Sunlenca Tablet Therapy Pack 5 x 300 MG Oral	NF	1	Formulary Enhancement	N/A
Veltassa PACKET 16.8 GM ORAL	NF	1	Formulary Enhancement	N/A
Veltassa PACKET 25.2 GM ORAL	NF	1	Formulary Enhancement	N/A
Veltassa Packet 8.4 GM Oral	NF	1	Formulary Enhancement	N/A
<b>EFFECTIVE 05/01/2023</b>				
Jaypirca Tablet 100 MG Oral	NF	1 + QL 60 + PA	Formulary Enhancement	N/A
Jaypirca Tablet 50 MG Oral	NF	1 + QL 60 + PA	Formulary Enhancement	N/A

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lamoTRIGine Kit 21 x 25 MG & 7 x 50 MG Oral	NF	1	Formulary Enhancement	N/A
lamoTRIGine Kit 42 x 50 MG & 14x100 MG Oral	NF	1	Formulary Enhancement	N/A
Latuda Tablet 120 MG Oral	1	NF	Formulary Update	lurasidone hcl tablet 120 mg oral, 1
Latuda Tablet 20 MG Oral	1	NF	Formulary Update	lurasidone hcl tablet 20 mg oral, 1
Latuda Tablet 40 MG Oral	1	NF	Formulary Update	lurasidone hcl tablet 40 mg oral, 1
Latuda Tablet 60 MG Oral	1	NF	Formulary Update	lurasidone hcl tablet 60 mg oral, 1
Latuda Tablet 80 MG Oral	1	NF	Formulary Update	lurasidone hcl tablet 80 mg oral, 1
Lurasidone HCl Tablet 120 MG Oral	NF	1	Formulary Enhancement	N/A
Lurasidone HCl Tablet 20 MG Oral	NF	1	Formulary Enhancement	N/A
Lurasidone HCl Tablet 40 MG Oral	NF	1	Formulary Enhancement	N/A
Lurasidone HCl Tablet 60 MG Oral	NF	1	Formulary Enhancement	N/A
Lurasidone HCl Tablet 80 MG Oral	NF	1	Formulary Enhancement	N/A

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Lytgobi (12 MG Daily Dose) Tablet Therapy Pack 4 MG Oral	NF	1 + QL 84/28 + PA	Formulary Enhancement	N/A
Lytgobi (16 MG Daily Dose) Tablet Therapy Pack 4 MG Oral	NF	1 + QL 112/28 + PA	Formulary Enhancement	N/A
Lytgobi (20 MG Daily Dose) Tablet Therapy Pack 4 MG Oral	NF	1 + QL 140/28 + PA	Formulary Enhancement	N/A
Orserdu Tablet 345 MG Oral	NF	1 + PA	Formulary Enhancement	N/A
Orserdu Tablet 86 MG Oral	NF	1 + PA	Formulary Enhancement	N/A
Pirmella 1/35 Tablet 1-35 MG-MCG Oral	1	NF	CMS Required Deletion	N/A
QUEtiapine Fumarate Tablet 150 MG Oral	NF	1	Formulary Enhancement	N/A
Rezlidhia Capsule 150 MG Oral	NF	1 + PA	Formulary Enhancement	N/A
Takhzyro Solution Prefilled Syringe 150 MG/ML Subcutaneous	NF	1 + PA	Formulary Enhancement	N/A
Vancomycin HCl IV Soln 2000 MG/400ML (Base Equivalent)	NF	1	Formulary Enhancement	N/A
Ztalmy Suspension 50 MG/ML Oral	NF	1	Formulary Enhancement	N/A
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Azelastine HCl SOLUTION 0.15 % NASAL	1	NF	CMS Required Deletion	N/A
Erleada Tablet 240 MG Oral	NF	1 + QL 30 + PA	Formulary Enhancement	N/A
Fluticasone-Salmeterol Aerosol 115-21 MCG/ACT Inhalation	NF	1	Formulary Enhancement	N/A
Fluticasone-Salmeterol Aerosol 230-21 MCG/ACT Inhalation	NF	1	Formulary Enhancement	N/A
Fluticasone-Salmeterol Aerosol 45-21 MCG/ACT Inhalation	NF	1	Formulary Enhancement	N/A
Gentak Ointment 0.3 % Ophthalmic	1	NF	CMS Required Deletion	N/A
Olopatadine HCl SOLUTION 0.2 % Ophthalmic	1	NF	CMS Required Deletion	N/A
Oxandrolone TABLET 10 MG ORAL	1 + PA	NF	CMS Required Deletion	N/A
Oxandrolone TABLET 2.5 MG ORAL	1 + PA	NF	CMS Required Deletion	N/A
Prednicarbate Ointment 0.1 % External	1	NF	CMS Required Deletion	N/A
<b>EFFECTIVE 07/01/2023</b>				

**Formulary ID: 23562, Version 16**

**Last Updated: 11/21/2023**

**Effective date: 12/01/2023**

**H2392\_FormularyChanges00323\_C**

# ***Kansas Health Advantage Choice (HMO I-SNP)***

**2023**

## ***Formulary Addendum***

***(1Tier)***

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### **2023 FORMULARY CHANGES**

<b>Drug Name</b>	<b>Current Drug Tier</b>	<b>New Drug Tier</b>	<b>Reason For Change</b>	<b>Alternative Drug, Alternative Drug Tier</b>
Austedo XR Tablet Extended Release 24 Hour 12 MG Oral	NF	1 + QL 90 + PA	Formulary Enhancement	N/A
Austedo XR Tablet Extended Release 24 Hour 24 MG Oral	NF	1 + QL 60 + PA	Formulary Enhancement	N/A
Austedo XR Tablet Extended Release 24 Hour 6 MG Oral	NF	1 + QL 90 + PA	Formulary Enhancement	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 20 MG Oral	1 + QL 60	NF	CMS Required Deletion	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 30 MG Oral	1 + QL 60	NF	CMS Required Deletion	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 40 MG Oral	1 + QL 60	NF	CMS Required Deletion	N/A
Drizalma Sprinkle Capsule Delayed Release Sprinkle 60 MG Oral	1 + QL 60	NF	CMS Required Deletion	N/A
Emoquette Tablet 0.15-30 MG-MCG Oral	1	NF	CMS Required Deletion	N/A
Epivir HBV Solution 5 MG/ML Oral	1	NF	CMS Required Deletion	N/A
levoFLOXacin Solution 25 MG/ML Intravenous	1	NF	CMS Required Deletion	N/A

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Lumakras Tablet 320 MG Oral	NF	1 + QL 90 + PA	Formulary Enhancement	N/A
Noxafil Suspension 40 MG/ML Oral	1 + PA	NF	Formulary Update	posaconazole suspension 40 mg/ml oral, 1 + PA
Ozempic (0.25 or 0.5 MG/DOSE) Solution Pen-Injector 2 MG/1.5ML Subcutaneous	1	NF	CMS Required Deletion	N/A
Posaconazole Suspension 40 MG/ML Oral	NF	1 + PA	Formulary Enhancement	N/A
Primidone Tablet 125 MG Oral	NF	1	Formulary Enhancement	N/A
Rotarix Suspension Oral	NF	1	Formulary Enhancement	N/A
traMADol HCl Solution 5 MG/ML Oral	NF	1 + QL 2400	Formulary Enhancement	N/A
Truseltiq (100MG Daily Dose) Capsule Therapy Pack 100 MG Oral	1 + QL 21/28 + PA	NF	CMS Required Deletion	N/A
Truseltiq (125MG Daily Dose) Capsule Therapy Pack 100 & 25 MG Oral	1 + QL 42/28 + PA	NF	CMS Required Deletion	N/A

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2023

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### 2023 FORMULARY CHANGES

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Truseltiq (50MG Daily Dose) Capsule Therapy Pack 25 MG Oral	1 + QL 42/28 + PA	NF	CMS Required Deletion	N/A
Truseltiq (75MG Daily Dose) Capsule Therapy Pack 25 MG Oral	1 + QL 63/28 + PA	NF	CMS Required Deletion	N/A
Zokinvy Capsule 50 MG Oral	NF	1 + PA	Formulary Enhancement	N/A
Zokinvy Capsule 75 MG Oral	NF	1 + PA	Formulary Enhancement	N/A
<b>EFFECTIVE 08/01/2023</b>				
Abilify Asimtufii Prefilled Syringe 720 MG/2.4ML Intramuscular	NF	1	Formulary Enhancement	N/A
Abilify Asimtufii Prefilled Syringe 960 MG/3.2ML Intramuscular	NF	1	Formulary Enhancement	N/A
Celontin Capsule 300 MG Oral	1	NF	Formulary Update	methsuximide capsule 300 mg oral, 1
Cimetidine HCl Solution 300 MG/5ML Oral	1	NF	CMS Required Deletion	N/A
Dextrose Inj 70%	NF	1	Formulary Enhancement	N/A
Filspari Tablet 200 MG Oral	NF	1 + QL 30 + PA	Formulary Enhancement	N/A

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Filspari Tablet 400 MG Oral	NF	1 + QL 30 + PA	Formulary Enhancement	N/A
Gefitinib Tablet 250 MG Oral	NF	1 + PA	Formulary Enhancement	N/A
Iressa Tablet 250 MG Oral	1 + PA	NF	Formulary Update	gefitinib tablet 250 mg oral, 1 + PA
Kalydeco Packet 13.4 MG Oral	NF	1 + QL 56/28 + PA	Formulary Enhancement	N/A
Kynmobi Film 10 MG Sublingual	1 + QL 150 + PA	NF	CMS Required Deletion	N/A
Kynmobi Film 15 MG Sublingual	1 + QL 150 + PA	NF	CMS Required Deletion	N/A
Kynmobi Film 20 MG Sublingual	1 + QL 150 + PA	NF	CMS Required Deletion	N/A
Kynmobi Film 25 MG Sublingual	1 + QL 150 + PA	NF	CMS Required Deletion	N/A
Kynmobi Film 30 MG Sublingual	1 + QL 150 + PA	NF	CMS Required Deletion	N/A
Levo-T Tablet 100 MCG Oral	1	NF	CMS Required Deletion	N/A
Levo-T TABLET 112 MCG ORAL	1	NF	CMS Required Deletion	N/A
Levo-T Tablet 125 MCG Oral	1	NF	CMS Required Deletion	N/A

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2023

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### 2023 FORMULARY CHANGES

Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Levo-T TABLET 137 MCG ORAL	1	NF	CMS Required Deletion	N/A
Levo-T TABLET 150 MCG ORAL	1	NF	CMS Required Deletion	N/A
Levo-T TABLET 175 MCG ORAL	1	NF	CMS Required Deletion	N/A
Levo-T TABLET 200 MCG ORAL	1	NF	CMS Required Deletion	N/A
Levo-T Tablet 25 MCG Oral	1	NF	CMS Required Deletion	N/A
Levo-T TABLET 300 MCG ORAL	1	NF	CMS Required Deletion	N/A
Levo-T Tablet 50 MCG Oral	1	NF	CMS Required Deletion	N/A
Levo-T Tablet 75 MCG Oral	1	NF	CMS Required Deletion	N/A
Levo-T TABLET 88 MCG ORAL	1	NF	CMS Required Deletion	N/A
Mekinist Solution Reconstituted 0.05 MG/ML Oral	NF	1 + QL 1200 + PA	Formulary Enhancement	N/A
Methsuximide Capsule 300 MG Oral	NF	1	Formulary Enhancement	N/A
Nitisinone Capsule 20 MG Oral	NF	1 + PA	Formulary Enhancement	N/A
Orfadin Capsule 20 MG Oral	1 + PA	NF	Formulary Update	nitisinone capsule 20 mg oral, 1 + PA
Quinapril-hydroCHLOROthiazide Tablet 10-12.5 MG Oral	1	NF	CMS Required Deletion	N/A
Quinapril-hydroCHLOROthiazide Tablet 20-12.5 MG Oral	1	NF	CMS Required Deletion	N/A

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**2023**

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Quinapril-hydroCHLOROthiazide Tablet 20-25 MG Oral	1	NF	CMS Required Deletion	N/A
Tafinlar Tablet Soluble 10 MG Oral	NF	1 + QL 900 + PA	Formulary Enhancement	N/A
Trikafta Therapy Pack 100-50-75 & 75 MG Oral	NF	1 + QL 56/28 + PA	Formulary Enhancement	N/A
Trikafta Therapy Pack 80-40-60 & 59.5 MG Oral	NF	1 + QL 56/28 + PA	Formulary Enhancement	N/A
Turalio Capsule 125 MG Oral	NF	1 + PA	Formulary Enhancement	N/A
Vancomycin HCl Solution Reconstituted 25 MG/ML Oral	NF	1	Formulary Enhancement	N/A
<b>EFFECTIVE 09/01/2023</b>				
Arexvy Suspension Reconstituted 120 MCG/0.5ML Intramuscular	NF	1	Formulary Enhancement	N/A
Abrysvo Solution Reconstituted 120 MCG/0.5ML Intramuscular	NF	1	Formulary Enhancement	N/A
Clenpiq Solution 10-3.5-12 MG-GM - GM/175ML Oral	NF	1	Formulary Enhancement	N/A
Dabigatran Etexilate Mesylate Capsule 150 MG Oral	NF	1	Formulary Enhancement	N/A

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Dabigatran Etexilate Mesylate Capsule 75 MG Oral	NF	1	Formulary Enhancement	N/A
Darunavir Tablet 600 MG Oral	NF	1	Formulary Enhancement	N/A
Darunavir Tablet 800 MG Oral	NF	1	Formulary Enhancement	N/A
Imbruvica Tablet 560 MG Oral	1 + QL 30 + PA	NF	CMS Required Deletion	N/A
Lupron Depot-Ped (1-Month) Kit 7.5 MG Intramuscular	NF	1 + PA	Formulary Enhancement	N/A
Lupron Depot-Ped (3-Month) Kit 11.25 MG (Ped) Intramuscular	NF	1 + PA	Formulary Enhancement	N/A
Lupron Depot-Ped (6-Month) Kit 45 MG Intramuscular	NF	1 + PA	Formulary Enhancement	N/A
Mekinist Solution Reconstituted 0.05 MG/ML Oral	1 + QL 1200 + PA	1 + QL 1260 + PA	Formulary Enhancement	N/A
Prezista Tablet 600 MG Oral	1	NF	Formulary Update	darunavir tablet 600 mg oral, 1
Prezista Tablet 800 MG Oral	1	NF	Formulary Update	darunavir tablet 800 mg oral, 1
Procto-Pak Cream 1 % External	1	NF	CMS Required Deletion	N/A
Turalio Capsule 200 MG Oral	1 + PA	NF	CMS Required Deletion	N/A

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<b>EFFECTIVE 10/01/2023</b>				
AmBisome Suspension Reconstituted 50 MG Intravenous	1 + BvD	NF	Formulary Update	amphotericin b liposome suspension reconstituted 50 mg intravenous, 1 + BvD
Amphotericin B Liposome Suspension Reconstituted 50 MG Intravenous	NF	1 + BvD	Formulary Enhancement	N/A
Austedo XR Patient Titration Tablet Extended Release Therapy Pack 6 & 12 & 24 MG Oral	NF	1 + QL 42/28 + PA	Formulary Enhancement	N/A
Daybue Solution 200 MG/ML Oral	NF	1 + QL 3600 + PA	Formulary Enhancement	N/A
Midazolam HCl Solution 5 MG/ML Injection	NF	1	Formulary Enhancement	N/A

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Multiple Electro Type 1 pH 5.5 Solution Intravenous	NF	1 + BvD	Formulary Enhancement	N/A
Plasma-Lyte 148 Solution Intravenous	1 + BvD	NF	Formulary Update	multiple electro type 1 ph 5.5 solution intravenous, 1 + BvD
Talzenna Capsule 0.1 MG Oral	NF	1 + QL 30 + PA	Formulary Enhancement	N/A
Talzenna Capsule 0.35 MG Oral	NF	1 + QL 30 + PA	Formulary Enhancement	N/A
Zejula Tablet 100 MG Oral	NF	1 + QL 30 + PA	Formulary Enhancement	N/A
Zejula Tablet 200 MG Oral	NF	1 + QL 30 + PA	Formulary Enhancement	N/A
Zejula Tablet 300 MG Oral	NF	1 + QL 30 + PA	Formulary Enhancement	N/A
<b>EFFECTIVE 11/01/2023</b>				
Cosentyx UnoReady Solution Auto-Injector 300 MG/2ML Subcutaneous	NF	1 + PA	Formulary Enhancement	N/A

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Nevirapine ER Tablet Extended Release 24 Hour 100 MG Oral	1	NF	CMS Required Deletion	N/A
Spiriva HandiHaler Capsule 18 MCG Inhalation	1	NF	Formulary Update	tiotropium bromide monohydrate capsule 18 mcg inhalation, 1
Tiotropium Bromide Monohydrate Capsule 18 MCG Inhalation	NF	1	Formulary Enhancement	N/A
Vigadrone Tablet 500 MG Oral	NF	1 + PA	Formulary Enhancement	N/A
<b>EFFECTIVE 12/01/2023</b>				
Breo Ellipta Aerosol Powder Breath Activated 50-25 MCG/INH Inhalation	NF	1	Formulary Enhancement	N/A
Breyna Aerosol 160-4.5 MCG/ACT Inhalation	NF	1	Formulary Enhancement	N/A
Breyna Aerosol 80-4.5 MCG/ACT Inhalation	NF	1	Formulary Enhancement	N/A
Cefaclor Suspension Reconstituted 125 MG/5ML Oral	1	NF	CMS Required Deletion	N/A
Cefaclor Suspension Reconstituted 375 MG/5ML Oral	1	NF	CMS Required Deletion	N/A

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Lidocaine HCl Urethral/Mucosal Prefilled Syringe 2 % External	NF	1	Formulary Enhancement	N/A
Lithium Solution 8 MEQ/5ML Oral	NF	1	Formulary Enhancement	N/A
Ojjaara Tablet 100 MG Oral	NF	1 + QL 30 + PA	Formulary Enhancement	N/A
Ojjaara Tablet 150 MG Oral	NF	1 + QL 30 + PA	Formulary Enhancement	N/A
Ojjaara Tablet 200 MG Oral	NF	1 + QL 30 + PA	Formulary Enhancement	N/A
Synjardy XR Tablet Extended Release 24 Hour 10-1000 MG Oral	1	NF	CMS Required Deletion	N/A
Synjardy XR Tablet Extended Release 24 Hour 12.5-1000 MG Oral	1	NF	CMS Required Deletion	N/A
Synjardy XR Tablet Extended Release 24 Hour 25-1000 MG Oral	1	NF	CMS Required Deletion	N/A
Synjardy XR Tablet Extended Release 24 Hour 5-1000 MG Oral	1	NF	CMS Required Deletion	N/A
Vanflyta Tablet 17.7 MG Oral	NF	1 + QL 56/28 + PA	Formulary Enhancement	N/A

**Formulary ID: 23562, Version 16**  
**Last Updated: 11/21/2023**  
**Effective date: 12/01/2023**  
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***Kansas Health Advantage Choice (HMO I-SNP)***  
**2023**  
***Formulary Addendum***  
***(1Tier)***

Below is a list formulary changes for the benefit year 2023. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2023 downloadable formulary on the ***Kansas Health Advantage Choice*** website.

For a complete list of drugs covered by ***Kansas Health Advantage Choice***, please visit our website at [kansashealthadvantage.com](http://kansashealthadvantage.com), or call Member Services at 1-800-399-7524, 8:00 am to 8:00 pm, 7 days a week from October 1<sup>st</sup> to March 31<sup>st</sup> and Monday to Friday from April 1<sup>st</sup> through September 30<sup>th</sup>. TTY/TDD users should call 1-833-312-0046.

**BvD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization,  
 QL – Quantity Limit per 30 Days, ST - Step Therapy**

<b>2023 FORMULARY CHANGES</b>				
<b>Drug Name</b>	<b>Current Drug Tier</b>	<b>New Drug Tier</b>	<b>Reason For Change</b>	<b>Alternative Drug, Alternative Drug Tier</b>
Vanflyta Tablet 26.5 MG Oral	NF	1 + QL 56/28 + PA	Formulary Enhancement	N/A
Xdemvy Solution 0.25 % Ophthalmic	NF	1 + PA	Formulary Enhancement	N/A

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